

**Timothy C. White**  
Recreation Director

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**2014 Camden County Parks and Recreation Girls Volleyball Registration**

Participants Name: (PRINT) \_\_\_\_\_

Parent/Guardians Name: (PRINT) \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**\*\*(Age determined as of Sept.1 2014)\*\*** Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL XL XXL 3X 4X**

**Circle One: 7-10 Year Old Girls 11-15 Year Old Girls**

**Registration Fee: \$35.00 or \$70.00 max per family (Mandatory out of county fee \$20.00)**

I hereby release, discharge, and hold harmless Camden County, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Camden County sponsored events, including any physical injury caused by the negligence of any staff, official, referee or coach while performing his/her duties during any practices, games or activities.

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or Camden County Staff acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or care at any hospital.

\_\_\_\_\_  
Signature of Parent/Guardian

**Are you interested in coaching?** Yes / No

Name: (PRINT) \_\_\_\_\_ Age \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

**Office Use:** Amount Paid: \_\_\_\_\_

Receipt # \_\_\_\_\_